



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4223

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/648,504 | <b>FILING OR 371(c) DATE</b><br>08/25/2003<br><b>RULE</b> | <b>CLASS</b><br>705 | <b>GROUP ART UNIT</b><br>3609 | <b>ATTORNEY DOCKET NO.</b><br>021756-018100US |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Lisa M. Macalka, Dublin, CA;  
 Ravindran R. Appiah, Danville, CA;  
 Monica Sandeep Bhat, Pleasanton, CA;  
 Dale Chung-Te Chen, Oakland, CA;  
 Lynn Christensen, Oakland, CA;  
 Christopher Ngan, Sunnyvale, CA;  
 Barbara Carol Roudebush, Livermore, CA;  
 Marlene Patricia Siebert, Pleasanton, CA;

**\*\* CONTINUING DATA** *No fo* \*\*\*\*\*

**\*\* FOREIGN APPLICATIONS** *No fo* \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/15/2003**

|   |  |                        |                      |                    |                         |
|---|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>13 | TOTAL CLAIMS<br>21 | INDEPENDENT CLAIMS<br>5 |
| Verified and Acknowledged   |  |                        |                      |                    |                         |
| Examiner's Signature <i>Fal 06</i> Initials <i>fo</i>   |  |                        |                      |                    |                         |

**ADDRESS**  
51206

**TITLE**  
System and method for utilizing proforma processing of adjustments in consolidation processes

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1066 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
|                                    |   | <input type="checkbox"/> Credit                                |